

EXHIBIT A

Written Responses

3-16-10

Dear Mr. O'Neill,

I entered N M C's employee benefit and retirement plan in good faith, and do not believe that the W. R. Grace Company has the right to walk away from this.

I am 71 years old, and have been waiting for the W. R. Grace Co to live up to their part.

They need to pay me the 10,731.00 that I am asking for. 10731.00 - If they had to pay interest over that amount, they would need to pay me a lot more than what I am asking for.

I hope you will present on the judge, I fully expect the Grace Company to live up to their part of the agreement - I will be expecting a check soon in the amount of 10731.00 and maybe plus interest.

Thank you

Aline S. Marsh

RECEIVED

MAR 23 2010

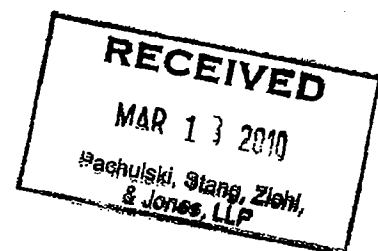
Pachulski, Stang, Ziehl,
& Jones, LLP

Pachulski Stang Ziehl & Jones LLP
919 North Market Street, 17th Floor
P.O. Box 8705
Wilmington, Delaware 19899-8705
Attn: James E. O'Neill

Mr. O'Neill,

I am formally writing to you in regards to the document entitled "Notice of Objection to and Treatment of Employee Claim No. 1531" that was recently mailed to me. I would like to object to the proposed disallowance of my Employee Claim on the basis that I postponed the receipt of money owed to me so it would be available to me during my retirement years. I believe that the existing Social Security funds will no longer be available to me when I reach retirement age and I have tried to save as much as I can for retirement. In summary, I do not support the Grace decision of asking the Bankruptcy Court to "disallow" my Employee Claim.

Sincerely,
Anthony L. Thrasher



RECEIVED

MAR 16 2010

Pachulski, Stang, Ziehl,
& Jones, LLP

Grace

March 9, 2010

Pachulski Stang Ziehl & Jones LLP
919 North Market Street 17th Floor
P.O. Box 8705
Wilmington, Delaware 19899-8705

Attention: James E. O'Neill

Re: Objection to the Proposed
disallowance of my employee claim
1738 Case No. ON-01039 (JKA)

I'm writing to object to your
employee claim. I called W.R. -
Grace about my retirement Pension.
They claim they have no record
of my benefits. They took me
out of their system because
W.R. Grace claim Bankruptcy.
I worked for W.R. Grace -
National Medical care from 4-27-81
until 12-14-1994. They claim
there is no record. Last year
they had a record in the system
so what happens to my records.
Could you look into this matter.
see next page

I will list below my social security number, address, telephone number where I can be reached please let me know of how I can get paid my retirement benefits. I haven't received anything from W. R. Grace. I look forward to hear from you.

Thanks,
Betty C. Harris

Grace

CASPER H. JONES

MARCH 11, 2010

CASE # 01-01139 (JKF)

PACHULSKI STANG ZIEHL & JONES LLP
919 NORTH MARKET STREET, 17TH FLOOR
P.O. BOX 8705
WILMINGTON, DELAWARE 19899-8705

ATTN: JAMES E. O'NEILL;

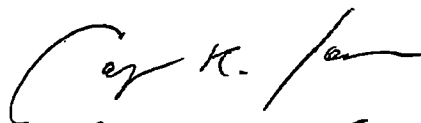
I WISH TO FILE AN OBJECTION TO PROPOSED
DISALLOWANCE OF EMPLOYEE CLAIM FOR MYSELF; THERE FOR
I AM WRITING TO YOU.

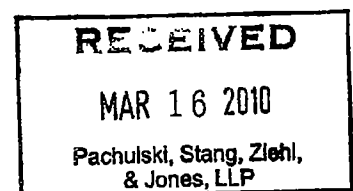
#1 LACK OF INFORMATION WHY?

#2 FUTURE OR LATER ISSUES, HEALTH

THANK YOU VERY MUCH

SINCERELY


CASPER H. JONES



**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

| | | |
|--------------------------|---|---------------------------------------|
| In re: |) | Chapter 11 |
| |) | |
| W.R. Grace & Co., et al. |) | Case No. 01-01139 (JKF) |
| |) | (Jointly Administered) |
| Debtors. |) | |
| |) | |
| |) | Hearing Date : 10:30 am July 12, 2010 |
| |) | Response Deadline: April 16, 2010 |

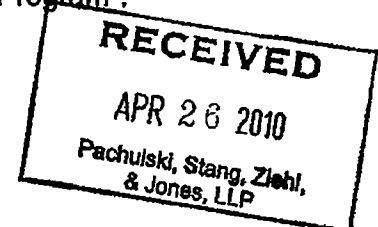
NOTICE OF OBJECTION TO DENIAL OF CLAIM NO. 5472

Pachulski Stang Ziehl & Jones LLP
919 North Market Street, 17th Floor
P.O. Box 8705
Wilmington, Delaware 19899-8705
Attn: James E. O'Neill

Dear Mr. O'Neill:

I am in receipt of a notice from W.R. Grace regarding the above noted proof of claim filed in Grace's bankruptcy case. Per the notice, this claim has been characterized as an "Employee Claim" regarding benefits being claimed pursuant to one or more of Grace's existing plans, programs and policies regarding employee bonuses and other compensation indemnity agreements or various medical, insurance, severance, retiree and other benefits (collectively, the "Grace Benefit Programs"). And as such, Grace has asked the Bankruptcy Court to disallow this claim.

Please be advised that I object to the proposed disallowance of this claim. Claim No. 5472 is **NOT** an "Employee Claim" pursuant to any "Grace Benefit Programs" as described in the notice. Claim No. 5472 is a claim for payment for ordinary services rendered during the period 9/04/2000 through 10/1/2000. At the time Grace filed for bankruptcy, I had in my possession uncashed payroll checks dated 9/14/2000, 9/28/2000 and 10/5/2000, in the aggregate amount of \$5,594.38. I believed that payment of these checks and/or their reissuance was stayed by the Bankruptcy Proceeding. I therefore filed a proof of claim. As previously noted, this claim is for services rendered to Grace prior to the Bankruptcy for which payment has yet to be received which has been improperly classified as an "Employee Claim" pursuant to a "Grace Benefit Program".



You have requested that my name, address and telephone number must appear in this objection to the denial of my claim. To that end, please be advised of the following:

Debra Poole

 4/10/2010.

| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware | | GRACE NON-ASBESTOS PROOF OF CLAIM FORM |
|--|---|---|
| Name of Debtor: ¹ W.R. Grace & Co.- Conn | Case Number 01-01179 | THIS SPACE IS FOR COURT USE ONLY |
| <p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p> | | |
| Name of Creditor (The person or other entity to whom the Debtor owes money or property): Debra Ann Poole | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| Name and address where notices should be sent: Debra Ann Poole | | |
| Account or other number by which creditor identifies Debtor: 8002606200 | Check here <input type="checkbox"/> replaces If this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ | |
| Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W.R. GRACE & Co. - Conn | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from 09/04/2000 to 10/01/2000 (date) | | |
| 2. Date debt was incurred: 9/14/00, 9/28/00, 10/05/00 | | 3. If court judgment, date obtained: _____ |
| 4. Total Amount of Claim at Time Case Filed: \$ 5,594.38 If all or part of your claim is secured or entitled to priority, also complete Item 5 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. | | |
| <input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest: <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount of the claim at time case filed is Five Thousand Five Hundred Ninety Four Dollars and Thirty Eight cents (\$5,594.38) |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | This Space is for Court Use Only |
| 7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | WR Grace BF.24.95.4719 00005472 SR=444 REC'D MAR 24 2003 |
| 8. Acknowledgements: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self addressed envelope and copy of this proof of claim form. | | |
| Date 3/20/2003 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): Debra Ann Poole | |

¹ See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.

7009 3410 0000 3765 5840

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

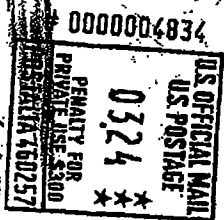
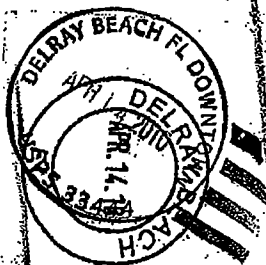
CERTIFIED MAIL



7009 3410 0000 3765 5840

Poole

Pachulski Stang Ziehl & Jones LLC
Attn: James E. Ordeil
919 North Market Street
17th Floor
PO Box 8705
Wilmington, Delaware 19805



Mr. O'neill,

This is my written response objecting the disallowance of my employee claim, namely, my retirement money.

W. E. Grace and none of its associates has ever sent me any monies after I parted with the company. I have been in contact with Grace about this and they believe I have been getting benefits all along. This is not true. Nothing has been sent to me after all these years.

Money was taken out of my wages every pay day for my retirement.

Thanking you in advance for your help.

Sincerely Yours,
Edith Lester

RECEIVED

APR 19 2010

Pechulski, Stang, Ziehl,
& Jones, LLP

April 12, 2010

Pachulski Stang Ziehl & Jones LLP
919 North Market Street, 17th Floor
P. O. Box 8705
Wilmington, Delaware 19899-8705
Attn: James E. O'Neill

Reference: Case No. 01-01139 (JFK) Jointly Administered
Susan E. Byers.

Dear Mr. O'Neill,

I request that the Bankruptcy Court review my very serious objection to the proposed disallowance of my employee claim against Grace because I filed a pension claim and an Asbestos Medical Monitoring claim, and Grace assigned the same claim number to both. One claim was for unpaid pension prepared on Grace Non-Asbestos Claim Form. Grace offered me a lump sum pension payment back in September 21, 1988 in the amount of \$9,034.35. This amount should have increased over the years. I mailed this claim as instructed to W. R. Grace & Co. Pension Service Center, P. O. Box 445, Arlington Heights, IL 60006-0445 and it was received on November 9, 1998. The other claim was a W. R. Grace & Company, Asbestos Medical Monitoring Proof of Claim Form - 3847101 207388. Refer to Part VI: Other Exposures to Asbestos Materials or Products. I mailed this claim to Claims Processing Agent, Re: W. R. Grace & Co., Bankruptcy, P. O. Box 1620, Faribault, MN 55021-1620 and it was received on March 14, 2003. Again, for some reason, Grace gave my two claims the same claim number and every time correspondence is released about the case, I receive two sets of identical information referring to the same claim number, i. e. Case No. 01-01139 (JFK) but the packages are addressed slightly differently. From 2003, I have two green cards entitled Confirmation of Receipt of Claim Form. Again, both reference claim number 01-01139. One card was mailed to address CN 00003508 3-14-2003, Susan Elaine Byers, and the other green card was mailed to address CN 00003507 3-14-2003,

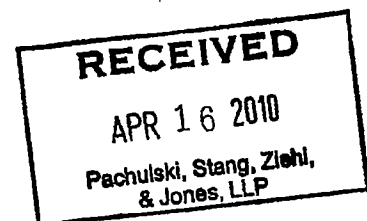
I was exposed to dangerous chemicals from products at Grace during my tenure from July 1979 to May 1993. I worked at a polystyrene plant at 6300 Button Gwinnett Drive in Doraville, GA. I was exposed to Zonolite acoustical products, Mono-Kote 3-Acoustical MK3, Grace vermiculite in Grace AG products, attic insulation, Darex cement and other products that were stocked there. As a sales coordinator, I went into the plant daily. Grace had a very old inventory of these bagged products in 1979. Some products had already been on the floor several years. The warehouse was in bad condition in those early years and the bagged products sometimes busted and the fine chemical products became airborne in the plant.

I do have health concerns. I have already been diagnosed with lateral lung damage in both lungs. See the attached recent report. I do not smoke and I have no other reason to believe this damage is from any other source other than my exposure to chemicals at Grace.

I cannot and will not absolve Grace of my rights to claim 01-01139 (JFK) because it was assigned to both my pension claim and my Asbestos Medical Monitoring claim. I trust you understand this concern.

Susan E. Byers
Regards,
Susan E. Byers

Attachment



Rightfax

3/20/2010 1:24:30 AM PAGE 3/003 Fax Server



SAINT JOSEPH'S

Saint Joseph's Hospital
MAIN HOSPITAL
Department of Radiology

Finalized Report

NAME: BYERS, Susan E
EXAM: CT ABDOMEN/PELVIS WO
DATE: 03/19/2010 10:54 PM

ROOM: EMER
DOB: 12/12/1955
ACC: 4014524

LINKED STUDIES:

ORDER PROVIDER:

DATE OF EXAM: 03/19/2010 10:54 PM

CT OF THE ABDOMEN AND PELVIS

PROCEDURE: Axial images were obtained from the lung bases through the ischial tuberosities with oral contrast only.

FINDINGS: The lung bases show some linear atelectasis to the right greater than left lower lobe. There are no pleural effusion, nodules, masses or interstitial disease. The heart and thoracic aorta are unremarkable.

ABDOMEN: The pancreas, spleen, adrenal glands, kidneys, stomach and imaged portions of the small and large bowel are unremarkable. The patient shows scattered diverticulosis without diverticulitis. There is some moderate gastric distention with oral contrast. The patient shows a focal fatty collection within the lateral abdominal wall on the right, with the entirely fatty density measuring 3.2 cm.

PELVIS: The patient shows diverticulosis without diverticulitis. The uterus is small, the adnexa are unremarkable. There is no ascites, the retroperitoneum is unremarkable, and the patient shows no free fluid or hernia. The appendix is unremarkable.

The imaged osseous structures are normal.

IMPRESSION:

DIVERTICULOSIS WITHOUT DIVERTICULITIS. LATERAL ABDOMINAL LIPOMA.
PROMINENT GASTRIC VOLUME WHICH COULD INDICATE SOME DELAYED GASTRIC EMPTYING. NO ACUTE
PROCESS.

J: 26792

Dictating Physician: TIMOTHY HANES, MD

Dictated on: 03/19/2010 10:59 PM

Transcribed on: 03/19/2010 11:21 PM by Rhonda Beals, Transcriptionist

Finalized on: 03/19/2010 11:28 PM by TIMOTHY HANES, MD

James McGuire

Attention: James E. O'Neill
C/o Pachulsk, StangZiehl and Jones LLP
919 North Market Street
17th Floor
P.O. Box 8705
Wilmington, Delaware 19899-8705

4/7/2010

Re. Case number 01-01139

Dear Mr. O'Neill

This letter concerns a claim that I have filed against "W.R. Grace. Case number 01-01139.

Recently I received a Notice of Objection to and Treatment of Employee Claim No. 12926.

This Notice of Objection to and Treatment of Employee Claim No. 12926 had nothing to do with my claim.

Basically my claim was against Grace/Amicon. Before I left Amicon I tried to apply for their "Disability Plan". I was denied without any concrete reason.

The requirements to qualify for this plan were:

- 1) I must be disabled.

I was in the middle of a mental breakdown, and was seriously considering suicide.

- 2) I must have a note from a psychiatrist.

As I was seeing a Psychiatrist, a note would be forthcoming.

- 3) I must be receiving payment from "SSDI".

It took me a while to do the paper work, and then I was accepted by "SSDI.

Once "SSDI" accepted my application all of the above conditions were met.

RECEIVED

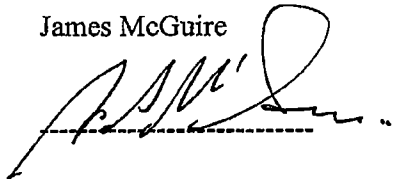
APR 12 2010

Pachulski, Stang, Ziehl,
ATTORNEYS

Because I was denied a Plan for which I was qualified I am writing this letter in response to the objection.

Thank You

James McGuire

 4/7/2010

MAR 22 2010

Martin Bersaw

March 15, 2010

Grace Employee Service Center

Re. Case No. 01-1179
Grace Non – Asbestos Proof of Claim

To Whom It May Concern:

I filed the above-mentioned claim on March 11, 2003. I was an employee of W.R. Grace from December 1984 to April 1991. I am looking forward to the following benefits, when I turn sixty-five:

- 1) A pension of approximately \$ 200 per month
- 2) Medical, Dental insurance
- 3) Life Insurance to be paid to my beneficiary, after God calls me home

I am sending this letter in response to the recent "NOTICE OF OBJECTION TO AND TREATMENT OF EMPLOYEE CLAIMS NO.S 3623,1833,3622.

Please note my hometown change its name from West Paterson to **Woodland Park**. Please adjust your records accordingly.
Currently I am fifty-six. I will need the above first two benefits in another nine years.

Sincerely,

Martin Bersaw

Martin Bersaw

Cc. James E. O'Neill of Pachulski Stang Ziehl & Jones LLP

Martin Keras

MAR 22 2010

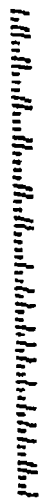
MMJ METRO PROD. OAS

10 MAR 2010 PM 37



*Groce Employee Service Center
Post Office Box 445
Arlington Heights, Illinois 60006-0445*

60006+0445



Robert E. Sullivan

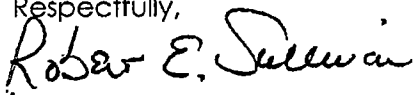
WR Grace Pension Service Center
Post Office Box 445
Arlington Heights, IL 60006-0445
Cc: WR Grace & Company Human Resources

To whom it may concern:

While employed by WR Grace, I received several estimates for hourly benefits from the Grace Retirement Plan indicating that I would receive a pension after retirement for my hourly years. Since my retirement I have received a document from a bankruptcy court explaining that I have a claim for over \$75,000.00 against the WR Grace Retirement Plan for Hourly Employees. There are records on file at WR Grace qualifying me for this benefit; however I have been denied disbursement.

At this time, I would like to request payment for my monthly pension based on my hourly employment at WR Grace & Company. If my qualification is still being disputed I would like to request a detailed explanation of why my benefits are being denied. Swift resolution of this problem would be greatly appreciated.

Respectfully,

A handwritten signature in black ink that reads "Robert E. Sullivan". The signature is written in a cursive, flowing style.

Robert E. Sullivan

Enclosures (13)

Your Response Deadline: April 16, 2010

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

| | |
|---------------------------|---|
| In re: |) Chapter 11 |
| |) |
| W. R. Grace & Co., et al. |) Case No. 01-01139 (JKF) |
| |) (Jointly Administered) |
| Debtors. |) |
| |) |
| |) Hearing Date: 10:30 a.m., July 12, 2010 |
| |) Response Deadline: April 16, 2010 |

**NOTICE OF OBJECTION TO AND TREATMENT OF EMPLOYEE CLAIMS NOS.
5464, 7590, 7591, 7514, 7513, 5465, 5504, 5505**

SULLIVAN, ROBERT E

Dear: SULLIVAN, ROBERT E:

W.R. Grace & Co. ("Grace") is providing this Notice to you regarding the proofs of claim you filed in Grace's bankruptcy case (your "Employee Claims") regarding benefits you are claiming pursuant to one or more of Grace's existing plans, programs, and policies regarding employee bonuses and other compensation, indemnity agreements or various medical, insurance, severance, retiree and other benefits (collectively, the "Grace Benefit Programs").

Copies of your Employee Claims are attached to this Notice for your reference. Any attachments you may have submitted with your Employee Claims are not attached to this Notice. Please note that this Notice and the procedures described herein shall not affect any other claim that you may have filed in these chapter 11 cases other than the Employee Claims attached to this Notice.

Grace's books and records show that, as of April 2, 2001, the date on which Grace commenced its bankruptcy case, you were either a current employee, former employee or a beneficiary of a former employee of Grace. As such, you were entitled to receive certain benefits (your "Applicable Employee Benefits") from one or more Grace Benefit Programs (including, but not limited to, salary and other compensation).

Please note that, prior to Grace's bankruptcy case, your Applicable Employee Benefits were subject to amendment, modification or termination under the terms of the applicable Grace Benefit Program or under applicable non-bankruptcy law. These limitations are referred to in this Notice as the "Non-Bankruptcy Limitation". This Non-Bankruptcy Limitation to your Applicable Employee Benefits has continued while Grace is in bankruptcy, and will continue to exist after Grace emerges from bankruptcy.

* * * * *

PLEASE NOTE

You **do not need to respond** to this Notice. The Bankruptcy Court's entry of the proposed order **will not affect** your Applicable Employee Benefits (which are subject to the Non-Bankruptcy Limitation), including, but not limited to salary and other compensation that you are now receiving, and have been receiving since Grace commenced its bankruptcy case, and will continue to receive after Grace emerges from bankruptcy on the Effective Date.

If you believe that you have not been receiving all benefits to which you are entitled, or if you have a question about your Applicable Employee Benefits, **you do not need to respond to this Objection to preserve your rights or to have your question answered.** You should instead **contact Grace directly to discuss the benefits** to which you believe that you are entitled, but have not been receiving. You may contact Grace at the Grace Employee Service Center in any of the following ways:

| | | |
|-------------------|---------------------------|--|
| Telephone: | Grace's toll-free number: | 1-800-974-2363 |
| E-mail: | E-mail address: | Grace_Bankruptcy_Notice_Inquiry@aon.com |
| Facsimile: | Facsimile number: | 1-847-953-2348 |
| By mail: | Mailing address: | Grace Employee Service Center Post Office Box 445 Arlington Heights, IL 60006-0445 |

When you contact Grace by any of the above-described methods, please include your name and address, a daytime telephone number and (if you have one) an e-mail address. This will allow a Grace representative to contact you.

* * * * *

PROCEDURES FOR FILING A WRITTEN RESPONSE TO THE OBJECTION

If you wish to object to the proposed disallowance of your Employee Claims, you must file a **written response** by mailing it to this address (**postmarked prior to the response deadline**):

Pachulski Stang Ziehl & Jones LLP
919 North Market Street, 17th Floor
P.O. Box 8705
Wilmington, Delaware 19899-8705
Attn: James E. O'Neill

Responses sent by facsimile will not be treated as "written responses". You **must file your written response by mailing** to the address listed above for the law firm of Pachulski Stang Ziehl & Jones LLP.

Your response **must be postmarked on or before the response deadline**. The response deadline is **April 16, 2010**.

| | | |
|---|---|---|
| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware | | GRACE NON-ASBESTOS PROOF OF CLAIM FORM |
| Name of Debtor: W. R. GRACE & CO.-et al | Case Number 01-01139 | THIS SPACE IS FOR COURT USE ONLY |
| <p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p> | | |
| Name of Creditor (The person or other entity to whom the Debtor owes money or property): ROBERT E. SULLIVAN | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| Name and address where notices should be sent: ROBERT E. SULLIVAN | | |
| Account or other number by which creditor identifies Debtor: N/A | Check here <input type="checkbox"/> replaces If this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ | |
| Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W. R. GRACE & CO.-CONN. | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other PENSION | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(u) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Unpaid compensation for services performed from _____ to _____ (date) |
| 2. Date debt was incurred: VARIOUS | 3. If court judgment, date obtained: N/A | |
| 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete item 5 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | \$ 76,982.40 |
| 5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. | | |
| <input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____. CLAIM FOR PENSION BENEFIT PAYABLE AT RETIREMENT FROM W.R. GRACE & CO. RETIREMENT PLAN FOR HOURLY EMPLOYEES |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | This Space is for Court Use Only |
| 7. Supporting Documents: <u>Attach copies of supportive documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self-addressed envelope and copy of this proof of claim form. | | |
| Date | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): | WR Grace BF.24.96.4751 00005504 SR=444 |

ATTACHMENTS: STATEMENTS OF ESTIMATED PENSION BENEFITS AND COPY OF PENSION SECTION OF GRACE EMPLOYEE MANUAL.

See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtor.

RECEIVED MAR 24 2003

| | | |
|--|--|--|
| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware | | GRACE NON-ASBESTOS PROOF OF CLAIM FORM |
| Name of Debtor: W. R. GRACE & CO.-et al | | Case Number 01-01139 |
| <p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p> | | |
| Name of Creditor (The person or other entity to whom the Debtor owes money or property): ROBERT E. SULLIVAN | | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent: ROBERT E. SULLIVAN | | |
| Account or other number by which creditor identifies Debtor: N/A | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W. R. GRACE & CO. -CONN. | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Basis for Claim</p> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: PENSION </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) </div> </div> | | |
| 2. Date debt was incurred: VARIOUS | | 3. If court judgment, date obtained: N/A |
| 4. Total Amount of Claim at Time Case Filed: <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | \$ 76,982.40 |
| 5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Priority, (2) Unsecured Nonpriority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. | | |
| <input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). CLAIM FOR PENSION BENEFIT PAYABLE AT RETIREMENT FROM W. R. GRACE & CO. RETIREMENT PLAN FOR HOURLY EMPLOYEES |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | This Space is for Court Use Only |
| 7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self-addressed envelope and copy of this proof of claim form. | | |
| Date _____ | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: right;"> READ MAR 24 2003 WR Grace BF.24.95.4712 SR=444 00005465 </div> | |

ATTACHMENTS: STATEMENTS OF ESTIMATED PENSION BENEFITS AND COPY OF PENSION SECTION OF GRACE EMPLOYEE MANUAL.

¹ See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.

| | | |
|---|--|---|
| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware | | GRACE NON-ASBESTOS PROOF OF CLAIM FORM |
| Name of Debtor: W. R. & CO.-et al | | Case Number 01-01139 |
| <p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p> | | |
| Name of Creditor (The person or other entity to whom the Debtor owes money or property): ROBERT E. SULLIVAN | | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent: ROBERT E. SULLIVAN | | |
| Account or other number by which creditor identifies Debtor: N/A | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W. R. GRACE & CO.-CONN. | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: PENSION | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) |
| 2. Date debt was incurred: VARIOUS | | 3. If court judgment, date obtained: N/A |
| 4. Total Amount of Claim at Time Case Filed: \$ 76,982.40 If all or part of your claim is secured or entitled to priority, also complete Item 5 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. | | |
| <input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ CLAIM FOR PENSION BENEFIT PAYABLE AT RETIREMENT FROM W.R. GRACE & CO. RETIREMENT PLAN FOR HOURLY EMPLOYEES. |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | THIS SPACE IS FOR COURT USE ONLY |
| 7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self addressed envelope and copy of this proof of claim form. | | |
| Date 3/24/03 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Robert E. Sullivan / Customer Service | |
| ATTACHMENTS: STATEMENTS OF ESTIMATED PENSION BENEFITS AND A COPY OF PENSION SECTION FROM GRACE EMPLOYEE MANUAL. | | WR Grace BF.30.120.5992 00007590 SR=538 |

See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.

REC'D MAR 27 2003

| | | | |
|---|--|---|--|
| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware | | GRACE NON-ASBESTOS PROOF OF CLAIM FORM | |
| Name of Debtor: ¹ W. R. GRACE & CO.-et al | | Case Number 01-01139 | |
| NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed. | | | |
| Name of Creditor (The person or other entity to whom the Debtor owes money or property): ROBERT E. SULLIVAN | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| Name and address where notices should be sent: ROBERT E. SULLIVAN | | THIS SPACE IS FOR COURT USE ONLY | |
| Account or other number by which creditor identifies Debtor: N/A | | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ | |
| Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W. R. GRACE & CO.-CONN. | | | |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: PENSION | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) | |
| 2. Date debt was incurred: VARIOUS | | 3. If court judgment, date obtained: N/A | |
| 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | \$456,147.00 | |
| 5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. | | | |
| <input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). CLAIM FOR PENSION BENEFIT PAYABLE AT RETIREMENT FROM W. R. GRACE & CO. RETIREMENT PLAN FOR SALARIED EMPLOYEES. | |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | This Space is for Court Use Only | |
| 7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | |
| 8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self addressed envelope and copy of this proof of claim form. | | WR Grace BF.30.120.5993 00007591 SR=538 | |
| Date: 3/24/03 | Signature: Robert E. Sullivan / Customer Service | | |

ATTACHMENTS: COPY OF PENSION SECTION FROM GRACE EMPLOYEE MANUAL, AND STATEMENTS OF ESTIMATED PENSION BENEFITS.

¹ See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.

REC'D MAR 27 2003

GRACE

W. R. Grace Pension Service Center
Post Office Box 445
Arlington Heights, IL 60006-0445
1-800-974-2363

ROBERT E. SULLIVAN

Re: Grace Retirement Plan

Dear Mr. SULLIVAN:

We are providing an ESTIMATE of your Pension Plan benefits. Please remember that this is only an ESTIMATE and is based on the Retirement Plan now in effect, and may include some assumptions (e.g., your service and interest rates). Your ESTIMATED benefits and the assumptions used to calculate them are shown below. If any of the assumptions shown are incorrect, please contact the W.R. Grace Service Center. Also enclosed with your estimate is your General Benefit Information and Special Tax Notice. Please read both of these in their entirety for important additional information.

Assumptions Used in Calculation:

| | | | |
|------------------------------------|--------------------|------------------------------------|------------|
| Date of Termination of Employment: | October 28, 2005 | Estimated Social Security Benefit: | \$1,643.00 |
| Retirement Date: | December 01, 2005 | | |
| Credited Service: | 9.0000 | | |
| Date of Birth: | August 24, 1945 | | |
| Marital Status: | Married | | |
| Spouse's Name: | MARTHA L. SULLIVAN | | |
| Spouse's Date of Birth: | March 29, 1950 | | |

Estimated Benefits for December 01, 2005 Commencement Date:

| | |
|--------------------------------|------------|
| Single Life Annuity | \$196.83 |
| 10 Year Certain & Life Annuity | \$186.02 |
| 50% Joint & Survivor Annuity | \$172.23 |
| Level Income Before Age 62 | \$1,274.83 |
| Level Income After Age 62 | \$42.83 |

11/03/2005
ROBERT E. SULLIVAN
059001

As of November 03, 2005 you are vested in your Retirement Plan benefit. If you have any questions or need additional information, please call the W.R.Grace Pension Service Center at 1-800-974-2363.

Sincerely,

W. R. Grace Pension Service Center

W.R. GRACE & CO.
Retirement Plan for Hourly Employees –Chemical Group

Name: Robert Sullivan

DOB: 08/24/1945

Spouse DOB: 03/29/1950

DOH: 12/16/1963

Retirement Date: 09/01/2007

As requested, we are providing an ESTIMATE of your Grace Retirement Plan benefits as of a retirement date of 09/01/2007. Please remember that this is only an ESTIMATE and is based on the Retirement Plan now in effect and may include some assumptions (e.g., your service). The final determination of benefits will be made through formal review of your history and other aspects of the calculation after your termination of employment.

The following represents ESTIMATES of the monthly benefit amounts you would be entitled to receive as of the retirement date listed above under the various optional forms of payment available in the Plan:

| | TO EMPLOYEE | TO SPOUSE UPON DEATH OF EMPLOYEE |
|------------------------|-------------|-------------------------------------|
| Straight Life Annuity | \$ 213.84 | \$ 0.00 |
| 50 % Joint & Survivor | \$ 185.40 | \$ 92.70 |
| 10 Year Certain & Life | \$ 199.79 | \$ 199.79 * |

* For the remaining 10 year certain period, if employee received less than 120 payments.

As of 10/31/2002, you are vested in your Retirement Plan benefit. If you have any questions or need any additional information, please feel free to call our toll-free benefits hotline at 1-800-974-2363.

Date Processed: 10/31/2002

Plan Formula Code: 059-001

Name: Robert Sullivan

Date of Termination: 03/31/2007

Date of Retirement: 04/01/2007

Date Prepared: 03/13/2007

Retirement Plan Benefit ESTIMATE

| W. R. Grace & Co. Retirement Plan for Hourly Employees | | | | | |
|--|---------------|----------|----------|-------------------------------------|--|
| | Straight Life | | 10 Year | Level Income Before Age 62 | Level Income On & Post Age 62 |
| | Annuity | 50% J&S | Certain | | |
| | \$243.00 | \$243.00 | \$243.00 | | |
| Early Retirement: | 0.8633 | 0.8633 | 0.8633 | | |
| | \$209.78 | \$209.78 | \$209.78 | | |
| Optional Benefits to Retiree: | 1.0000 | 0.8670 | 0.9370 | | |
| | \$209.78 | \$181.88 | \$196.56 | \$1,500.40 | \$168.40 |
| Survivor Portion to Beneficiary: | N/A | 0.5000 | 1.0000 | N/A | N/A |
| | N/A | \$90.94 | \$196.56 | N/A | N/A |



W. R. Grace Pension Service Center
P.O. Box 445
Arlington Heights, IL 60006-0445
1-800-974-2363

March 30, 2000

Mr. Robert Sullivan

W. R. GRACE & CO. RETIREMENT PLAN CHEMICAL GROUP (HOURLY EMPLOYEES)

Dear Mr. Robert Sullivan:

Our records indicate that at the time of your termination of employment, you had met the eligibility requirements for a Vested Retirement Benefit. The following provides a summary of your vested benefits and what you need to do to be sure payments start when you wish.

You are entitled to a monthly retirement benefit in the amount of **\$ 207.00** at age 65. This benefit is payable on a Straight Life Annuity basis (i.e., all payments will cease upon your death).

RETIREMENT BENEFITS

You may elect to have your benefits paid on a reduced basis beginning the first day of any month on or after your 55th birthday. If benefits commence prior to age 65, your monthly lifetime benefit will equal the following percentage of your age 65 benefit:

| | | | | | | | | | | | |
|----------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Age | 65 | 64 | 63 | 62 | 61 | 60 | 59 | 58 | 57 | 56 | 55 |
| Benefit Percentage Payable | 100% | 96% | 92% | 88% | 84% | 80% | 76% | 72% | 68% | 64% | 60% |

For example, if you elect to have benefits start at age 55 on a Straight Life Annuity basis, your monthly lifetime benefit would equal **\$124.20 (\$ 207.00 x .60)**.

You should notify us when you would like to begin receiving your plan benefits. Before your retirement benefits commence, you will be provided with detailed information on the optional forms of payment available.

If you are 62 or over, you should also contact the Social Security Administration at least three months before you want your Social Security payments to start.



W. R. Grace Pension Service Center
P.O. Box 445
Arlington Heights, IL 60006-0445
1-800-974-2363

PRE-RETIREMENT DEATH PROTECTION

The W. R. Grace & Co. Retirement Plan for Chemical Group (Hourly Employees) provides pre-retirement survivor protection for your spouse both before and after you reach age 55. This coverage is provided automatically (no action on your part is required) and at no cost to you.

This automatic 50% Joint and Survivor benefit will be payable to your spouse if you should die before your retirement benefits are scheduled to begin and if you have been married throughout the one year period prior to your death. The benefit payable to your spouse will equal 50% of the benefit that would have been payable to you at the time of your death reduced to reflect the Joint and Survivor Option and, if you are under age 55, actuarially reduced for each month that benefits begin before you would have reached age 55.

UPDATING YOUR RECORD

This letter and the enclosed form should be retained with your important papers. It is imperative that the Administrative Committee be notified of any change in your address. A "Notification of Change" form is enclosed. This form can also be used to request information regarding your benefit or to have benefits commence.

We realize that the information in this letter is complex and, therefore, we encourage you to direct any questions you may have to our attention.

If you have any questions about your benefit, please call 1-800-974-2363.

Sincerely,

W.R. Grace Pension Service Center